NAME (Last) (First) (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH	GENDER
Young Valeri		08/06/55	F
ADDRESS BDC 314	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE Eye Clinic CIL	MEDICAID NUMBER BZ66389C		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS F/u posterior vitreous detachment

PRESENT MEDICATIONS Klonopin, Topamax, Remeron, Inderal, Tegretol, Zyprexa, Prevacid, Colace,

PHYSICIAN Milos Jovan MD 642-6124 **Date** 02/18/05

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS) **DATE OF REPORT** 2/28/05

50yrs old female Consumer ē PVD for f/u

V < FxF
FxF poor cooperation today
IC Will not read charts.

SLE - Lids/Adn: Meibomian dysf
- Conj: clear
- Cornea clear
AC D x Q
mild NS + OU.
Red Reflex ⊕ OU
Disc Macula OK very difficult
stable PVD.

A/P
- PVD
- limited view.
- RTC x 2 wks for DFE
Pt. dilate prior to next visit ē 1% Tropicamide drop

(USE BACK OF FORM IF NECESSARY) Signed

FACILITY/AGENCY	OMRDD CONSULTATION REQUEST 36 (MED) (MR) (3-83)

MJ 02/28/05

NAME (Last)	(First)	(M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH	GENDER
Young	Valeri			08/06/57	F
ADDRESS: BDC 314			IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE: Eye Clinic			MEDICAID NUMBER: BZ 66389C		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS

For DFE

PRESENT MEDICATIONS Klonopin, Topamax, Remeron, Inderal, Tegretol Zyprexa, Prevacid, Colace.

PHYSICIAN Milos Jovan MD 6124 **Date** 02/28/05

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT 3/1/05

50 yr old female pt for DFE today.

VT FxF
5c FxF very agitated Does not want to be seen

With Indirect ophthalmoscopy +20.
Very faintly seen trace Cataracts a/p
Red Reflex ⊕ ou

- Cataracts early
- Red Reflex ⊕ ou
- very dilated Exam.
- RTC x 6 mths
- Pl. sedate pt prior to next appt

(USE BACK OF FORM IF NECESSARY) Signed

FACILITY/AGENCY	OMRDD CONSULTATION REQUEST	36 (MEDICAL) (3-83)

NAME (Last) (First) (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH	GENDER
Young Valerie			
ADDRESS BDC 314	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE OT	MEDICAID NUMBER		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS Please evaluate for "halo" helmet. h/o falls - face injury.

PRESENT MEDICATIONS

Rec'd 11/27/05

PHYSICIAN Milos Jovan MD 6124 Date 04/21/05

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT 4/27/05

Ms Young was issued a medium sized Danmar helmet today. She has been falling frequently and injuring her head.

RECOMMENDATION: To be used as prescribed by MD.

(USE BACK OF FORM IF NECESSARY)

Signed Miriam R. Kothencz Chief OT

FACILITY/AGENCY	OMRDD CONSULTATION REQUEST 36 (MED) (MR) (3-83)

NAME (Last) Young (First) Valori (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH	GENDER
ADDRESS BDC 314	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE OT	MEDICAID NUMBER		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS Please evaluate for helmet adjustment or new helmet fabrication. because consumer is not tolerating present one and he also had recent head injury laceration.

PRESENT MEDICATIONS

Rec'd 5/23/05 MEB

PHYSICIAN Milos Javan MD 642-6129 **Date** 05/20/05

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT 5/26/05

Ms Young was measured for a custom Danmar helmet.
Custom head measurements are:

- Circumference = 24 ½"
- Occipital over top of head = 16"
- Over top of head ear to ear =13 ½"
- Eyebrow to chin = 6.5"
- Eyebrow to top of head = 7.5"

Purchase Request #10922 was completed and sent to Ms Ferdinand for authorization and processing.

Items ordered were discussed with Dr Milos, prior to evaluating Ms Young.

RECOMMENDATION: Order helmet.

(USE BACK OF FORM IF NECESSARY)

Signed Miriam R Kolkenez Chief OT

FACILITY/AGENCY	OMRDD 36 (MED) (MR) (3-83) CONSULTATION REQUEST

NAME (Last) Young (First) Valeri (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH 08/06/55	GENDER F
ADDRESS BDC 314	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE Podiatry	MEDICAID NUMBER BZ66389C		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS

F/U Onychomycosis

PRESENT MEDICATIONS

PHYSICIAN Milos Jovan MD 642-6124 **Date** 05/10/05

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS) **DATE OF REPORT** 5/11/05

Consultation for F/U pain full toenails.
No new complaints.
O: Pulses palpable B/L
(+) elongated, thickened, discolored, dystrophic, brittle nails 1-5 (L) 1, 3-5 (R), tender on direct palpation
(+) interdigital maceration erythema and pressure 4th interspace B/L
A: onychomycosis, tinea pedis, pain
P: Nails manually reduced and mechanically thinned to relieve symptoms of pain,
Recommend cotton between toes daily
F/U 7/13/05

Signed [signature]

(USE BACK OF FORM IF NECESSARY)

FACILITY/AGENCY MJ 05/11/05	OMRDD CONSULTATION REQUEST 36 (MED) (MR) (3-85)

Exhibit 50 Young 8179

Kingsbrook Jewish Medical Center

585 Schenectady Avenue, Brooklyn, NY. 11203 * (718) 604-5461

Radiology Report

NAME:	YOUNG, VALERIE	**Date of Birth:**	08/06/1955		
#:	052937	**Sex:**	F		
ial/Pt#:	9896150	**Date of Exam:**	05/05/2005		
Location:	RAD- RADIOLOGY REGISTRATION {descp}		**Date of Order:**	05/05/2005	10:30
Attending MD:	JOVAN MILOS	**Ordered By:**	JOVAN MILOS		
Adm/Reg:	May 5 2005 10:23AM	**Referred By:**	UNASSIGNED		
Discharge:		**Accession #:**	337521		

Final Report

CLINICAL HISTORY: \ pain

XRY 0921 - LUMBAR SACRAL COMPLETE - May 5 2005

REASON FOR EXAM: Pain.

FINDINGS: Radiographic examination of the lumbosacral spine was performed in AP, lateral, and coned-down views.

There is narrowing and sclerosis with bridging osteophytosis noted at the L5-S1 level with mild osteophytosis seen at the other lumbar levels. The other intervertebral disc spaces appear well maintained. The foramina appear patent. Sclerosis is noted at the facet joint especially noted at the L5-S1 level. There is no evidence of fracture or dislocation.

IMPRESSION: Degenerative changes specifically noted at the L5-S1 level. No fracture or dislocation. If pain persists, we would recommend CT or MR.

MY 05/12/05

Interpreting Physician: LAMONT D. BROWN M.D. May 7 2005 8:46A
Transcribed by / Date: PSC on May 7 2005 4:16P
Approved Electronically by / Date: HODGES JASON L. May 9 2005 8:29A

NAME (Last) Yaury (First) Valeri (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH 08/06/55	GENDER F
ADDRESS BDC 314	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE Radiology KJMC	MEDICAID NUMBER BZ66389C		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS

For X-Ray L-S spine

PRESENT MEDICATIONS

PHYSICIAN Milos Javan MD 642-6124 **Date** 05/03/06

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT _____

X-RAY

EXAMS: L-S SPINE

DATE: 05/05/06 TIME: BY: CR

MJ

(USE BACK OF FORM IF NECESSARY)

Signed _____

FACILITY/AGENCY

OMRDD 36 (MED) (MR) (3-83)

CONSULTATION REQUEST

NAME (Last) (First) (M.I.)	"C" NO./DDIS NUMBER	DATE OF BIRTH	GENDER
Young Jolian		03/06/55	F
ADDRESS BDC 314	IS CLIENT ELIGIBLE FOR MEDICARE? ☐ YES ☐ NO	MEDICARE NUMBER	
CONSULTING SERVICE Radiology KJMI	MEDICAID NUMBER BZ 66385C		

PERTINENT CLINICAL HISTORY

PRESENT MEDICAL CONCERNS

For screening mammogram

PRESENT MEDICATIONS

PHYSICIAN Milos Jurag MD 6/11 2004 Date 02/18/04

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS)

DATE OF REPORT

Pt unable to cooperate for the examination
If required

R.H. Raddings

M 03/16/04

(USE BACK OF FORM IF NECESSARY) Signed

FACILITY/AGENCY	OMRDD CONSULTATION REQUEST

36 (MED) (MR) (3-83)

Exhibit 50 Young 8183

NAME (Last) (First) (M.I.)	C NO./DDIS NUMBER	DATE OF BIRTH	GENDER
[illegible]		[illegible]	F
ADDRESS [illegible]	IS CLIENT ELIGIBLE FOR MEDICARE ☒ YES ☐ NO	MEDICARE NUMBER [illegible]	
CONSULTING SERVICE [illegible]	MEDICAID NUMBER [illegible]		

PERTINENT CLINICAL HISTORY [illegible]

PRESENT MEDICAL CONCERNS Left foot drop [illegible] EMG [illegible]

PRESENT MEDICATIONS [illegible]

PHYSICIAN [illegible] MD [illegible] Date [illegible]

REPORT (FINDINGS, DIAGNOSIS, RECOMMENDATIONS) DATE OF REPORT

Dear Dr. Milos
Pt has Peroneal Neuropathy
advise splint [illegible] OT
Xray LS. Spine
Pt if you want EMG should
be done under Hospital
Setting (Kings County)

4-26-05

Signed [signature]

(USE BACK OF FORM IF NECESSARY)

FACILITY/AGENCY	OMRDD CONSULTATION REQUEST 35 (MED) (MH) (3-83)

Exhibit 50 Young 8184